



Allegheny County Health Department

Food Safety Program

2121 Noblestown Rd, Suite #210,
Pittsburgh, PA 15205

Phone: 412-578-8044 Fax: 412-578-8190

Food Safety Assessment Report

| | | |
|---|--------------------------------------|-------------------------------------|
| Client ID: 201511040009 | Client Name: Love Tea | Inspection Date: 05/29/2019 |
| Address: 229 Atwood Street | | Purpose: Consultation |
| City: Pittsburgh | State: PA Zip: 15213 | Permit Exp. Date: 10/31/2021 |
| Municipality: Pittsburgh-104 | Inspector: Delphia , Nicholas | Priority Code: 1 |
| Category Code: 211-Restaurant without Liquor | | Class: |
| Re-Inspection: No - Inspector | Re-Inspection Date: | |

| Food Safety Assessment Categories | | Assessment Status | | | | | Violation Risk | | |
|--|---|-------------------|----|----|---|--|----------------|------|-----|
| | ◆ | S | NO | NA | V | | High | Med. | Low |
| 1 Food Source/Condition | | | | | | | | | |
| 2 Cooking Temperatures # | | | | | | | | | |
| 3 Consumer Advisory | | | | | | | | | |
| 4 Reheating Temperatures # | | | | | | | | | |
| 5 Cooling Food # | | | | | | | | | |
| 6 Hot Holding Temperatures # | | | | | | | | | |
| 7 Cold Holding Temperatures # | | | | | | | | | |
| 8 Facilities to Maintain Temperature | | | | | | | | | |
| 9 Date Marking of Food | | | | | | | | | |
| 10 Probe-Type Thermometers | | | | | | | | | |
| 11 Cross-Contamination Prevention # | | | | | | | | | |
| 12 Employee Health # | | | | | | | | | |
| 13 Employee Personal Hygiene # | | | | | | | | | |
| 14 Cleaning and Sanitization # | | | | | | | | | |
| 15 Water Supply | | | | | | | | | |
| 16 Waste Water Disposal | | | | | | | | | |
| 17 Plumbing | | | | | | | | | |
| 18 Handwashing Facilities | | | | | | | | | |
| 19 Pest Management # | | | | | | | | | |
| 20 Toxic Items | | | | | | | | | |
| 21 Certified Food Protection Manager | | | | | | | | | |
| 22 Demonstration of Knowledge | | | | | | | | | |
| 23 Contamination Prevention - Food, Utensils and Equipment | | | | | | | | | |
| 24 Fabrication, Design, Installation and Maintenance | | | | | | | | | |
| 25 Toilet Room | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |

| General Sanitation | | Assessment Status | | | | | Violation Risk | | |
|------------------------------------|---|-------------------|----|----|---|--|----------------|------|-----|
| | ◆ | S | NO | NA | V | | High | Med. | Low |
| 26 Garbage and Refuse | | | | | | | | | |
| 27 Floors | | | | | | | | | |
| 28 Walls and ceilings | | | | | | | | | |
| 29 Lighting | | | | | | | | | |
| 30 Ventilation | | | | | | | | | |
| 31 Dressing rooms and Locker rooms | | | | | | | | | |
| 32 General Premises | | | | | | | | | |
| 33 Administrative | | X | | | | | | | |
| | 0 | 1 | 0 | 0 | 0 | | 0 | 0 | 0 |
| | | Assessment Status | | | | | Violation Risk | | |
| | ◆ | S | NO | NA | V | | High | Med. | Low |



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|---|---|---|---|---|---|---|---|---|---|
| 1 | Indoor Occupancy 25% or 50% with proof of satisfying PA Self-ce | | | | | | | | |
| 1 | Indoor occupancy (25%) # | | | | | | | | |
| 2 | Table Service Only and Tables 6-Feet Apart # | | | | | | | | |
| 3 | Closed bar seating # | | | | | | | | |
| 4 | Face coverings Worn by staff # | | | | | | | | |
| 5 | Table service only # | | | | | | | | |
| 6 | Zero tobacco usage # | | | | | | | | |
| 7 | Closed by 11:00 pm # | | | | | | | | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

U.S. Centers for Disease Control and Prevention "high risk" for foodborne illness and establishment of priority of inspection

◆ - Diamond Exceptional

S - Satisfactory

NO - Not Observed

NA - Not Applicable

V- Violation

Inspection Details

Inspector Name: Delphia , Nicholas

Balance Amount:

\$170.00

Placarding: Inspected & Permitted

Contact:

Start Time: 11:20:00 AM

End Time: 11:57:00 AM

Phone:

(412) 381-6668

Other Assessment observations and comments:

33 Administrative Satisfactory

Inspector arrived to conduct operational inspection. Facility is closed to the public at this time and not preparing food for sale.

Owner was consulted over the phone. Facility plans to be closed for approximately 2 months for renovations. A new bathroom is to be added where the existing counter is. A new counter is to be constructed elsewhere in the space and the menu is to be changed.

Plans should be submitted in advance to the Food Safety Program for review.

A plan review packet was left on the premises by the inspector.

Exceptional Observations: